

POSITION	INITIALS	DATE	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>9/16/99</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		<i>[Signature]</i>	<i>7/29/99</i>

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	6/13/03
2	✓	✓	6/13/03
3	✓	✓	6/13/03
4	✓	✓	6/13/03
5	✓	✓	6/13/03
6	✓	✓	6/13/03
7	✓	✓	6/13/03
8	✓	✓	6/13/03
9	✓	✓	6/13/03
10	✓	✓	6/13/03
11	✓	✓	6/13/03
12	✓	✓	6/13/03
13	✓	✓	6/13/03
14	✓	✓	6/13/03
15	✓	✓	6/13/03
16	✓	✓	6/13/03
17	✓	✓	6/13/03
18	✓	✓	6/13/03
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25	✓	✓	6/13/03
26	✓	✓	6/13/03
27	✓	✓	6/13/03
28	✓	✓	6/13/03
29	✓	✓	6/13/03
30	✓	✓	6/13/03
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46	✓	✓	6/13/03
47	✓	✓	6/13/03
48	✓	✓	6/13/03
49	✓	✓	6/13/03
50	✓	✓	6/13/03

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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